

## NOTICE OF INDEPENDENT REVIEW DECISION

December 26, 2002

RE: MDR Tracking #: M2-02-0656-01  
IRO Certificate #: IRO 4326

The \_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 51 year old female sustained a work-related injury on \_\_\_\_ when she began to complain of pain and numbness in the upper extremities, as well as pain and crepitus in her neck. The patient underwent chiropractic manipulative therapy for carpal tunnel syndrome, left pronator and bilateral lateral epicondylitis, and myofasciitis of the cervical and thoracic spine. The patient underwent psychological evaluation on 03/05/02 and was diagnosed with adjustment disorder with depressed mood. It was recommended that the patient undergo 10 visits of individual counseling and psychotherapy at 45-60 minutes each.

### Requested Service(s)

10 visits of individual counseling and psychotherapy at 45-60 minutes each.

### Decision

It is determined that 10 visits of individual counseling and psychotherapy at 45-60 minutes each is not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

Based on the medial record documentation, the patient has many stressors contributing to her depressive state outside of her injury. Although the patient still has ongoing pain and discomfort in her wrist due to her carpal tunnel syndrome, other factors in her life provide more of a reason for her depression than her injury. The patient has a history of psychotherapy, both individual and marital for several years. There is no clinical documentation that the patient's condition would benefit from the proposed counseling and psychotherapy due to the external factors the patient has in her life. Therefore, the 10 visits of individual counseling and psychotherapy at 45-60 minutes each are not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 26<sup>th</sup> day of December 2002.